



GET PAYROLL DEDUCTION EMPLOYER ESTABLISHMENT FORM

DATE: _____

Please complete this form and return it to the GET Program.

EMPLOYER	
TIN (Taxpayer ID Number)	
ADDRESS	
PAYROLL CONTACT & TITLE	
PHONE/FAX/EMAIL	
HR or BENEFITS CONTACT & TITLE	
PHONE/FAX/EMAIL	
PAYROLL FREQUENCY	____ 1x month ____ 2x month ____ biweekly (26 per year) ____ other _____

COMMENTS OR SPECIAL INSTRUCTIONS: _____

Submit to:

Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or by Fax at 360-704-6200
Questions: GETPayroll@wsac.wa.gov or 1-800-955-2318